Indiana State Police Clandestine Laboratory Occurrence Report This force complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	5-5-20[4	Street:	E Stansifor Ave @ S State St	
Incident #:	Incident #: 14ispc003755		Apt, Lot, Room #:	
County:	Clark	City:	Clarksville, In	
Type of Laboratory Seizure (check one) Seizure Location (check all			n (check all that apply)	
☐ Lab Seizure ☐ Chemical Seizure ☐ Equipment Seizure ☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
	nulti-family dwelling: Shared HVAC	_	_	
Items Found	: Location (bedroom, kitchen, open air, c	tc) (check all that a	pply)	
☐ One Pot or Birch Reaction(s): ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): ☐ Flammable Solvents: ☐ Water Reactive Metal (Lithium):		Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):		
Child under age 18 discovered (check appropriate)				
 Yes (number present) No Children not present but evidence they reside or visit often 		Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: Additional Information:		
Vehicle, Tray	el Trailer, RV or Watercraft Inforn	nation;		
Owner: VIN; Year:	<u>Douglas Konnedy</u> 1 <u>1/AHP34P82W174380</u> 2002	Make: Model: Color:	FOCUS	
This report h	as been faxed* or emailed to the foll	owing agencies (that serve the location:	
Fire Department: <u>Clarksville FD</u> Health Department County: <u>Clark Co</u> Department of Child Services Hotline: <u>deshotlinerepa</u>		Fax: <u>Mailed</u> Fax: <u>Emailed</u> orts@des.in.gov Fax: 317-234-7595 or 317-234-7596		
For further info Investigating O	rmation regarding this methamphetami fficer: <u>K Smith</u> Phone	ine laboratory, co <u>812-246-5424</u>	ntact	
*This form is to be	faxed to the Fire Department, Health Departm	nent and/or Departm	ent of Child Services listed within 24 hours of	

scene processing.